

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8611
985

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2315 Indiana				d. STREET ADDRESS (If rural, give location) 2315 Indiana			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) SPEER		c. (Last) DICK		4. DATE OF DEATH (Month) (Day) (Year) March 1 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 31, 1881		9. AGE (in years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Fireman		10b. KIND OF BUSINESS OR INDUSTRY Amer. Sash & Door		11. BIRTHPLACE (State or foreign country) Williamstown, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ***** Dick		13b. MOTHER'S MAIDEN NAME No Information		14. NAME OF HUSBAND OR WIFE Lola Dick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-05-3564		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy F. Jolliff Mission, Kansas.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour 14 months 12 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 14, 1949, to Mar. 1, 1950, that I last saw the deceased alive on Feb. 24, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward A. Samuelson M.D.		23b. ADDRESS 7603 E 31		23c. DATE SIGNED Mar 3-1950			
24a. BURIAL CREMATION (Specify) Burial		24b. DATE March 4, 50		24c. NAME OF CEMETERY OR CREMATORY Buster Cemetery		24d. LOCATION (City, town, or county) (State) Williamstown, Kansas	
DATE REC'D BY LOCAL REG. 3-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster		ADDRESS K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Samuelson
2603 E 31st

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.